

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/027843

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		1				
5		1				
6		1				
7		1				
8		2				
9		1				
10	1					
11	1					
12		1				
13		1				
14		1				
15		1				
16		2				
17	1					
18		1				
19		1				
20	X	X				
21		2				
22	1					
23	X	X				
24		1				
25		1				
26		1				
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28		1				
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50						
TOTAL IND.	7					
TOTAL DEP.	23					
TOTAL CLAIMS	30					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						